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7590

05/20/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Nabeela R. McMillian	(Depositor's name)
<i>Nabeela R. McMillian</i>	(Signature)
June 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/993,241	11/13/2001	Emil D. Kakkis	30610/30008	8479

TITLE OF INVENTION: METHODS FOR TREATING DISEASES CAUSED BY DEFICIENCIES OF RECOMBINANT ALPHA-L-IDURONIDASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, MANJUNATH N	1652	435-183000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Marshall,
- 2 Gerstein &
- 3 Borun LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature)

(Date)

*Nabeela R. McMillian*

June 2, 2004

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